

Application Data Sheet

Application Information

Filing Date::	12/01/2003
Application Type::	Continuation
Subject Matter::	Utility
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Title::	CYTOLOGICAL IMAGING SYSTEM AND METHOD
Attorney Docket Number::	2024738-7030163001 (11.015012)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figures::	19
Total Drawing Sheets::	18
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name::	David J.
Family Name::	Zahniser
City of Residence::	Wellesley
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	33 Sheridian Road
City of mailing address::	Wellesley
Country of mailing address::	US
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02481
Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Matthew S.
Family Name::	Zelinski
City of Residence::	Worthington
State or Province of Residence::	OH
Country of Residence::	US
Street of mailing address::	446 Colonial Avenue
City of mailing address::	Worthington
Country of mailing address::	US
State or Province of mailing address::	OH
Postal or Zip Code of mailing address::	43085

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Thomas M.
Family Name::	Dolash
City of Residence::	Worthington
State or Province of Residence::	OH
Country of Residence::	US
Street of mailing address::	845 Middlebury Drive
City of mailing address::	Worthington
Country of mailing address::	US
State or Province of mailing address::	OH
Postal or Zip Code of mailing address::	43085
Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Garrick L.
Family Name::	Maenle
City of Residence::	Columbus
State or Province of Residence::	OH
Country of Residence::	US
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Country of mailing address:: US

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Postal or Zip Code of mailing address:: 43201

Given Name:: Mark

Family Name:: Fleming

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State or Province of Residence:: OH

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Street of mailing address:: 1539 Doten Avenue

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Postal or Zip Code of mailing address:: 43212

Given Name:: John S.

Family Name:: Laudo

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Representative Information

Representative Customer Number:: 23639

Representative Designation::	Registration Number::	Name::
Primary	37,104	David T. Burse

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/430,117	10/29/1999

Assignee Information

Name::

Cytac Corporation

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